

**NC DHHS
DMH/DD/SAS**

Reviewer:

	Description	Conditional Endorsement					Full Endorsement				
	<i>Enhanced-Respite Care</i>	Evidence of Compliance	MET	NOT MET	N/A		Evidence of Compliance	MET	NOT MET	N/A	Comments
1	Provider Requirements:										
a	**1) Must be delivered by practitioners employed by an organization that meets the standards established by the Division of MHDDSAS or LME approved/endorsed by DHHS. These standards set for the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provider services.	Provider application with all required supporting documentation as required in;					Provider application with all required supporting documentation as required in;				
b	2) Provider organization must demonstrate they meet these standards by being endorsed by the LME. .	provider application; program description Policy and					provider application; program description Policy and				
c	The Organization must be established as a legally recognized entity in NC.	Procedure Manual					Procedure Manual				
d	As applicable, licensed by DFS as a respite care facility in accordance with GS 122C	Copy of license					Copy of license				
2	Staffing Requirements										
	Worker must meet the following requirements:										
a	Must meet requirements for paraprofessional in 10A NCAC27G.0100-0200.	Program description; Personnel Manual; job descriptions					Personnel files; supervision plans or other documentation that staff minimum requirements and supervision				

						requirements are met.				
b	Client specific competencies to be met as identified by the individuals person-centered team and documented in the plan of care.	Program description; Personnel Manual; job descriptions				Personnel files; supervision plans or other documentation that staff minimum requirements and supervision requirements are met; documentation that client specific training has been provided as identified in the Plan of Care. Copy of the Plan of Care.				
c	A criminal record check.	Program description; Personnel Manual; job descriptions				Personnel files; supervision plans or other documentation that staff minimum requirements and supervision requirements are met; copy of criminal record check.				
d	A healthcare registry check in accordance with 10A NCAC 27G.0200.	Program description; Personnel Manual; job descriptions				Personnel files; supervision plans or other documentation that staff minimum requirements and supervision requirements are met; copy of healthcare registry check.				

[illegible]

a	Enhanced Respite Care is for individuals receiving waiver funding who have intense medical or behavioral needs.	Program description; Personnel Manual; job descriptions				Personnel files; supervision plans or other documentation that staff minimum requirements and supervision; Plan of Care with specific training outlined requirements are met; documentation that additional training specific to the medical and/or behavioral needs of the consumer has been provided as identified in the Plan of Care. Copy of Plan of Care.				
b	Enhanced Respite Care is a service that provides periodic relief for the family or primary caregiver.	Program description; policies and procedures.				Program description, policies and procedures; Plan of Care, service notes documenting implementation of appropriate programming.				
c	This service may be provided in the individual's home or in an out-of-home setting.	Program description				Program description, policies and procedures; copy of approved Plan of Care, service notes documenting implementation of appropriate programming.				
d	Enhanced Respite Care will be provided in the following	Program description;				Program description, policies				

	locations: Individual's home or place of residence, Foster home and Licensed respite facility. Other community care residential facility approved by the State that is not a private residence including: Alternative family living arrangement, Certified respite provider's home and State Regional Mental Retardation facility.	policies and procedures.					and procedures, copy of approved Plan of Care, service notes documenting implementation of appropriate programming.				
4	Program Clinical/Requirements										
a	In order to be considered the primary care giver, a person must be principally responsible for the care and supervision of the individual, and must maintain their primary residence at the same address as the covered individual.	Program description; policies and procedures.					Program description, policies and procedures, copy of approved Plan of Care, service notes documenting implementation of appropriate programming.				
b	Enhanced Respite Care is intended for individuals receiving waiver funding who have intense medical or behavioral needs.	Program description; policies and procedures.					Program description, policies and procedures manual, Plan of Care, service notes documenting implementation of appropriate programming.				
c	It is not a habilitative service and includes the same activities and functions as Respite.	Program description; policies and procedures.					Program description, policies and procedures manual, Plan of Care, service notes documenting implementation of appropriate programming.				

d	Such intense medical or behavioral needs must be identified by the NC-SNAP and the person-centered Plan of Care must provide clear documentation and justification of the need for enhanced respite.	Program description; policies and procedures					Program description, Plan of Care, service notes documenting implementation of appropriate programming, copy of NC-SNAP.				
e	The results of the application of the NC-SNAP must result in a SNAP index score that places them in a level 3 or 4 of the statewide Utilization Review guidelines.	Program description; policies and procedures.					Program description, Plan of Care, service notes documenting implementation of appropriate programming, copy of NC-SNAP.				
f	However, having a SNAP index score that places a person in a level 3 or 4 will not automatically require enhanced respite. There must clear justification outlined within the Plan of Care.	Program description; policies and procedures.					Program description, Plan of Care, service notes documenting implementation of appropriate programming, copy of NC-SNAP.				
5	Service Limitations:										
a	Respite do not include medical transportation and may not be provided during medical transportation and medical appointments;	Program description; policies and procedures.					Program description, Policies and Procedures; copy of approved Plan of Care, service notes documenting implementation of appropriate programming.				
b	Individuals who live in licensed residential facilities, licensed alternative family living (AFL) homes, licensed foster care homes or unlicensed alternative family homes serving one adult may not receive this service.	Program description; policies and procedures.					Program description, policies and procedures; approved Plan of Care, service notes documenting implementation of				

						appropriate programming.				
c	Limitations: Respite should not be provided to an individual when the individual is home for the purpose of a family visit.	Program description; policies and procedures.				Program description, policies and procedures; approved Plan of Care, service notes documenting implementation of appropriate programming.				
d	Private home respite services serving individuals outside their private homes are subject to licensure under G.S. 122C Article 2 when more than two individuals are served concurrently, or either one or two children, two adults, or any combination thereof are served for a cumulative period of time exceeding 240 hours per calendar month.	Program description; policies and procedure; copy of license as appropriate.				Program description, Policies and Procedures; copy of approved Plan of Care, service notes documenting implementation of appropriate programming. Copy of license.				
e	Respite service may not be used as a daily service.	Program description; Policies and procedure				Program description, policies and procedures; approved Plan of Care, service notes documenting implementation of appropriate programming.				
f	Respite services may not be provided for individuals living in licensed group homes or adult care homes.	Program description; Policies and procedure are in place				Program description, Policies and Procedures; copy of approved Plan of Care, service notes documenting implementation of appropriate programming.				
g	Respite services may not be used	Program				Program				

	for individuals who are living alone or with a roommate.	description; Policies and procedure are in place					description, Policies and Procedures; copy of approved Plan of Care, service notes documenting implementation of appropriate programming.				
h	Staff sleep time is not reimbursable.	Program description; Policies and procedure are in place					Program description, Policies and Procedures; copy of approved Plan of Care, service notes documenting implementation of appropriate programming.				
i	Respite services are only provided for the individual; other family members, such as siblings of the individual may not receive care or supervision from the provider while Respite Care is being provided/billed for the individual.	Program description; Policies and procedures.					Program description, policies and procedures; approved Plan of Care, service notes documenting implementation of appropriate programming.				
j	Respite is not provided by any person who resides in the individual's primary place of Residence.	Program description; Policies and procedures.					Program description, Policies and Procedures; copy of approved Plan of Care, service notes documenting implementation of appropriate programming.				
k	The cost of 24 hours of respite care cannot exceed the per diem rate for the average community ICF-MR Facility and	Program description; Policies and procedures.					Program description, Policies and Procedures; copy				

	Federal Financial Participation. (FFP) will not be claimed for the cost of room and board except when provided, as part of respite care furnished in a facility approved by the State that is not a private residence.						of approved Plan of Care, service notes documenting implementation of appropriate programming; record of billing.				
I	These services may not be provided at the same time the person receives regular Medicaid Personal Care Services, a Home Health Aide visit, or another substantially equivalent service	Program description; Policies and procedures.					Program description, policies and procedures; approved Plan of Care, service notes documenting implementation of appropriate programming.				
m	This service may not be provided at the same time of day that a person receives: <ul style="list-style-type: none"> • Adult Day Health • Day Supports • Home and Community Supports • Individual and Caregiver Training • Personal Care • Residential Supports • Supported Employment • Transportation • Or one of the regular Medicaid services that works directly with the person, such as PCS, Home Health Services, MH/DD/SAS Community Services, or individual therapies. 	Program description; Policies and procedures.					Program description, Policies and Procedures; copy of approved Plan of Care, service notes documenting implementation of appropriate programming.				
6	Documentation Requirements										
a	Date of service, duration of service, task performed, signature (initials if full signature included on the page) are required to be documented daily to reflect the respite provided.	Service Record; Policy and Procedure Manual					Evidence of documentation according to Service Records Manual.				

